



Maryland Health Care Commission

Thursday, March 21, 2019

1:00 p.m.



AGENDA

1. **APPROVAL OF MINUTES**
2. **UPDATE OF ACTIVITIES**
3. **ACTION:** Certificate of Need – Prince George’s County General Hospice Review
 - Amedisys Maryland, L.L.C. (Docket No. 16-16-2382)
 - Bayada Home Health Care, Inc. (Docket No. 16-16-2383)
 - Montgomery Hospice, Inc. (Docket No. 16-16-2384)
 - P-B Health Home Care Agency, Inc. (Docket No. 16-16-2385)
4. **ACTION:** Certificate of Need – Adventist Rehabilitation Hospital of Maryland, Inc. (Docket No.18-15-2428)
5. **ACTION:** Certificate of Ongoing Performance of Cardiac Surgery Services
 - Adventist HealthCare Washington Adventist Hospital (Docket No. 17-15-CP001)
 - Western Maryland Regional Medical Center (Docket No. 17-15-CP002)
 - Peninsula Regional Medical Center (Docket No. 17-22-CP004)
6. **ACTION:** Legislative Update
7. **PRESENTATION:** Patient and Family Advisory Council Guide for Ambulatory Practices
8. **OVERVIEW OF UPCOMING ACTIVITIES**
9. **ADJOURNMENT**



APPROVAL OF MINUTES

(Agenda Item #1)



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UPDATE OF ACTIVITIES

(Agenda Item #2)



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ACTION:

Legislative Update

(Agenda Item #6)



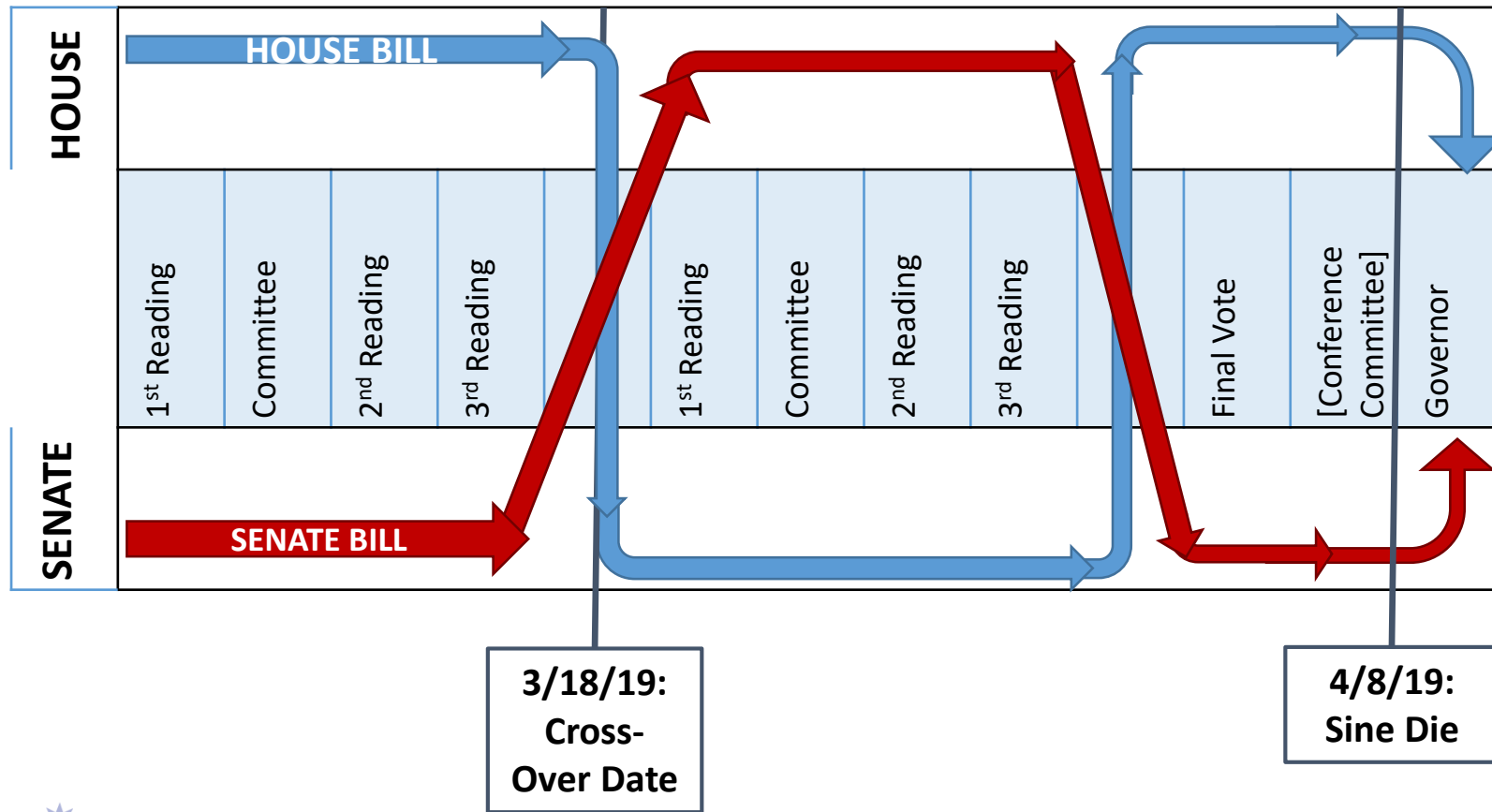
Legislative Update

Maryland Health Care Commission
March 21, 2019

Overview

- **Legislative Process / Cross Over**
- **Update on Bill Hearings from 3/19 & 3/20**
- **Bills with Hearings Next Week**
- **Bill Status**
 - **MHCC Priorities**
 - **Budget Bills**
 - **Other Bills**
- **Failed or Likely Failed Bills**

Legislative Process



Update on 3/19 & 3/20 Bill Hearings

- SB 901: Maryland Trauma Fund- State Primary Adult Resource Center- Reimbursement of On-Call and Standby Costs – *Support*
 - Note: House Appropriations and Senate Finance will request a study of unmet trauma needs.
- SB 1010: Maryland Health Care Commission - Assessment of Services at the University of Maryland Shore Medical Center in Chestertown --*Letter of Information*
- SB 1018: Health Facilities - Chestertown Rural Health Care Delivery Innovations Pilot Program -- *Letter of Information (Passed out of Committee – 3-19)*
- SB 1028: Rural Health Care Scholarship and Grant Program – Established -- *Letter of Information*

Bills with Hearings Next Week

- SB 733: State Board of Physicians- Registered Cardiovascular Invasive Specialist -- *Letter of Information*

Options for actions:

1. No Position
2. Letter of Information
3. Letter of Concern
4. Support (with or without amendment)
5. Oppose

Bill Status: MHCC Priorities

House and Senate Bills both passed originating House and crossed over

- **HB 626 / SB 649:** Health Care Facilities- Change in Bed Capacity- Certificate of Need Exemption (*Hospice and ICF*)
- **HB 646 / SB 597:** Maryland Health Care Commission- State Health Plan and Certificate of Need for Hospital Capital Expenditures (*MHA bill*)
- **HB 931 / SB 940:** Health Care Facilities- Certificate of Need- Modifications (*Ambulatory Surgical Facility Bill*)

House Bill crossed over Senate Bill hearing on 3/20

- **HB 607 / SB 901:** Maryland Trauma Fund- State Primary Adult Resource Center-Reimbursement of On-Call and Standby Costs (*i.e. funding for Shock Trauma*)

Bill Status: Budget Bills

HB 100 /SB 125 Budget Bill (Fiscal Year 2020)

- House Bill passed with amendments and crossed over. \$34,236,004 Special Fund appropriation for MHCC (reflecting \$ 8,095,519 reduction in ICN, which impacts HSCRC), plus \$100,000 additional appropriation for operating grant funds to the R Adams Cowley Shock Trauma Center at the University of Maryland Medical Center.
- MIEMSS will submit
 - a report (with HSCRC) on ER overcrowding solutions by 11/1/19 and
 - a report on progress on EMS new model reimbursement on 12/1/19 (with MHCC and HSCRC)
- HSCRC will need to identify Total Cost of Care goals and quality measures for Medicaid and report by 12/1/19

HB 1407 / SB 1040 Budget Reconciliation and Financing Act of 2019

- House Bill passed with amendments and crossed over. The House Bill transfers \$2.0 million from the Maryland Trauma Fund to Medicaid in FY 2020.
- The Senate Bill had a Committee Hearing 3/13. We understand Senate bill has no Trauma Fund cut, but amended bill is not posted.
- Difference will be resolved in Conference

Bill Status: Other Bills

- **HB 409 / SB 469:** Drugs and Devices- Electronic Prescriptions- Requirements
 - Commission Opposed
 - House and Senate bills had hearings in February
 - *Future unclear*
- **HB 47/ SB 404:** State Department of Education and Maryland Department of Health- Maryland School-Based Health Center Standards- Revision
 - House and Senate bill have both crossed over
- **HB 924 / SB 733:** State Board of Physicians- Registered Cardiovascular Invasive Specialists
 - House Bill passed and crossed over
 - Senate Bill has passed, crossed over, HGO hearing 3/26
- **HB 127 / SB 36** Health Insurance - Health Benefit Plans - Special Enrollment Period for Pregnancy
 - House Bill Crossed Over, Senate Bill not voted out of Senate yet
 - Potential mandate study?

Failed and likely Failed Bills

- **HB 696 / SB 430:** Maryland Health Care Commission- Authorized Prescribers- Reporting of Financial Gratuities or Incentives
 - Unfavorable Report by both House and Senate Committees
- **HB 930** Hospitals – Changes in Status – Notification and Approval
 - Unfavorable Report by Health and Government Operations; no cross file
- **HB 247 / SB 445** - Maryland Health Care Commission - Surgical Birth Rate - Study
 - Unfavorable Report by Health and Government Operations; Senate Hearing Canceled
- **HB1059** Health Care Facilities - Closing or Partial Closing - Public Notice
 - Did not come out of Committee in House
- **HB 1087** Public Health - Healthy Maryland Program – Establishment
 - Did not come out of Committee in House
 - Senate Hearing 3/20



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PRESENTATION:

Patient and Family Advisory Council Guide for Ambulatory Practices

(Agenda Item #7)

Patient and Family Advisory Council Guide for Ambulatory Practices



March 2019

Andrew N. Pollak, MD, Chair
Ben Steffen, Executive Director

March 21, 2019

Introduction

- Federal and State programs, such as the Transforming Clinical Practice Initiative, encourage practices to establish patient and family advisory councils (PFACs) to improve patient and family engagement in strategic and operational efforts; the Maryland Primary Care Program requires convening at least one PFAC meeting per year

Introduction

Overview of the Patient and Family Advisory Council (PFAC) Guide for Ambulatory Practices

The Patient and Family Advisory Council Guide for Ambulatory Practices (Guide) provides Maryland ambulatory practices (practices) with information and resources to help create, integrate, and expand a Patient and Family Advisory Council (PFAC). PFACs are a key component for practice transformation¹ and an ongoing mechanism to support meaningful partnerships among patient and family advisors (PFAs)², staff, clinicians³, and organizational leaders.

Purpose and Background

- The *PFAC Guide* provides practices with information and resources to help create, integrate, and expand a PFAC
 - PFACs are a key component for practice transformation

PFACs and Why They Are Important

A PFAC is a mechanism for bringing the perspectives of patients and families directly into the planning, delivery, and evaluation of care with the goal of improving care through policy and program changes. PFACs are comprised of PFAs, practice staff, and clinicians. By working together, they strive to create systems that deliver patient and family-centered care (PFCC). PFCC is built upon the core concepts of dignity and respect, affirmative and useful information sharing, support for participation in direct care, and collaboration in policy and program design.⁴

Designing a system that embodies all these concepts requires meaningful partnerships between those who deliver care and those who receive it. Establishing a PFAC sets the stage for this collaboration. When PFAs' viewpoints are integrated to create a transformed delivery system, the practice is more prepared to respond to patient needs, priorities, and values. This usually results in higher quality and better coordinated care.

Development Approach

- In May 2018, staff competitively selected the *Institute for Patient-and Family-Centered Care* to:
 - Assist in developing a *PFAC Guide* for use by practices to engage patients and family members in a partnership to continuously improve overall quality, safety, and patient experience

About the Guide

A number of practices provided guidance during the development of the Guide. The Guide is targeted to meet the needs of Maryland practices that plan to convene or have convened a PFAC. Practices are encouraged to use the Guide to inform PFAC decision-making. This Guide is not intended to address all PFAC implementation challenges.

Getting Started

- Organized into three sections
- A practice should:
 - Select the section most applicable to their needs and capacity
 - Review and implement the strategies outlined in the section(s)
 - Utilize additional resources provided in each section to further inform implementation

How to Use the Guide

The Guide includes information to help practices establish PFACs, engage participants in meaningful activities to improve care, and expand the PFAC's impact. The Guide is organized into three sections; sustainability is discussed in each section. Practices can review sections most relevant to their needs and capacity to generate ideas and purposeful action.

- **Section One: Creating a PFAC (Beginner).** This section is for practices that have not implemented a PFAC or those that are looking to re-establish their PFACs. It contains basic information on PFAC structure and processes that prepare a practice and its patients and families for partnership. It also ensures the PFAC is positioned to advance practice transformation.
- **Section Two: Strategic PFAC Integration (Intermediate).** This section is targeted to practices with some PFAC experience. It provides practices with strategies for effectively utilizing a PFAC and integrating PFA perspectives into key strategic and transformational efforts.
- **Section Three: Expanding the PFAC's Impact (Advanced).** This section is designed for practices with advanced PFACs.⁵ It includes strategies for involving PFACs in chronic care and other direct care improvement efforts.

Within each section, the Guide addresses key topics, providing concrete and actionable steps accompanied by tips, links to additional tools, and frequently asked questions (FAQs). At the end of the Guide, additional forms (Appendix A) and resources (Appendix B) are available to users.

Section 1: Creating a PFAC (Beginner)

- Assessing a practice's readiness for partnership with patients and families
- Selecting a PFAC coordinator for patient and family partnerships
- Preparing clinicians and staff for PFAC collaboration
- Defining the PFAC's purpose, structure, and membership
- Recruiting PFAs
- Selecting PFAs
- Orienting and training PFAs
- Sustaining the partnership

Section 2: Strategic PFAC Integration (Intermediate)

- Facilitating meetings to ensure meaningful participation
- Evaluating a PFAC's effectiveness
- Selecting patient-identified quality improvement projects
- Sustaining the partnership

Section 3: Expanding the PFAC's Influence and Impact (Advanced)

- PFACs as facilitators of strategic community partnerships
- Implementing shared medical appointments
- Implementing a shared decision-making process and tools
- Implementing or strengthening patient self-management support
- Sustaining the partnership



Key Elements of the PFAC Guide

- What, Why, How
- Frequently Asked Questions
- Tips
- Quotes from Patients and Providers
- Printable Forms
- Links to Resources
- Glossary
- Acronyms

What, Why & How

- Each topic within the section contains three subsections
 - What – further explains the topic
 - Why – the impact on ambulatory practices
 - How – actionable steps

Section One: Creating a PFAC (Beginner)

Assessing a Practice's Readiness for Partnership with Patients and Families

WHAT:	A practice should assess its capacity for and commitment to implementing a PFAC.
WHY:	Ensuring readiness will help practices develop sustainable partnerships with patients and families that lead to longer-lasting benefits, such as higher quality and better coordinated care.
HOW:	<ul style="list-style-type: none">• Start by identifying i (before recruiting PI practice).• Explore the question<ul style="list-style-type: none">○ Are key practi family partne based on PFA○ What opportu initiatives and underway tha○ Is the practice identify, selec accountable f

Section Two: Strategic PFAC Integration (Intermediate)

Facilitating Meetings to Ensure Meaningful Participation

WHAT:	Meetings need to be carefully planned and facilitated to ensure that a PFAC functions effectively as a group.
WHY:	PFAC members and practice staff want to feel productive. ⁶⁰ Meetings should be structured to support collaboration.
HOW:	Follow best pr: <ul style="list-style-type: none">• Distribute materials;• Start and• Conclude and respo

Section Three: Expanding the PFAC's Influence and Impact (Advanced)

PFACs as Facilitators of Strategic Community Partnerships

WHAT:	Many practices are reaching out to other health care organizations in the community to coordinate improvement work and share information.
WHY:	Patients and their families are the constants across care transitions. They can be effective partners in identifying care delivery gaps that create unsafe or confusing experiences.
HOW:	<ul style="list-style-type: none">• Set aside at least two PFAC meetings annually for this specific topic, and invite representatives from other community organizations, such as local hospitals or health care systems. During the meetings, ask PFAs to share stories of care where better communication, collaboration, and coordination could have made care more effective.• Invite a third party (e.g., United Way, Chamber of Commerce) to convene a community forum that would include participation of PFAC members from multiple organizations.

Frequently Asked Questions

Example:

- Provides additional information to address general practice questions

Frequently Asked Questions

How can the PFAC help train the care team to implement PSMS?

PFAC members can work with the care team to develop skills needed to implement PSMS, such as motivational interviewing, reflective listening, and coaching.¹¹⁵

How can the PFAC guide PSMS data collection and reporting?

The PFAC should provide input on how the impact of PSMS will be measured, who will report the outcomes and how frequently the measures will be tracked and reported.¹¹⁶

How should the practice decide what PSMS tools to offer?

The practice should ask the PFAC to provide guidance on PSMS tools such as decision making and goal setting as well as tailored education and skills training materials appropriate for different cultures and health literacy levels.

Tips

- Provides advice related to each of the topics
- Actionable suggestions to support topic success

Example:

Tips

- When recruiting PFAs, look for patients and family members that are actively involved in their care or the care of a family member.³⁴
- A practice should view recruitment as an ongoing process, not a one-time event. Continued attention to the infusion of new PFAs helps ensure long-term success and sustainability of the PFAC.³⁵
- Five ways to identify potential PFAs are (1) referrals from clinicians; (2) review of patients receiving care coordination services; (3) outreach to trusted community groups (e.g. faith communities, social service organizations); (4) asking patients attending practice sponsored education or health forums; and (5) referrals from existing PFAs.³⁶
- A practice having difficulty recruiting PFAs should take time to identify and address potential barriers to participation. Addressing concerns such as having trouble understanding the duties of a PFA or whether the practice truly will make changes based on PFA input will help in promoting PFA participation.³⁷

Quotes from Providers and Patients

- Value statements from providers and patients

Example:

Patient Perspective

“Being a part of the newly designed Patient Family Advisory Council allows me to really feel like I am making a difference in the way the patient is seen through the eyes of the caregivers. I have the ability now to be involved in greater depth and to an extent I had never really experienced before. I truly feel like I am part of the history of this hospital, making a difference in the care, and future care, of many people in our community.” - Emma Course, Patient Family Advisor⁵⁹

Printable Forms

- Ready-made resources to support PFAC success

Example:

PFA Application, Page 1

YOUR ORGANIZATION NAME

Patient & Family Advisor Application

Would you be a partner with us to deliver patient- and family-centered care every time in every encounter? To reach this goal, we need your ideas, feedback and participation as together we improve the experience of care for our patients and families. We are seeking individuals for a variety of opportunities – both short term and ongoing.

Date: _____

Name: _____
Last First MI

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

What is the best way to contact you? (circle one) Home Work Cell Email

Please check all that apply below:

☐ I am a patient at a name of hospital/clinic or facility

→If yes, from which location(s) do you receive services? _____

☐ I am the family member of a patient from _____

☐ I am a patient with a chronic health condition (e.g., diabetes, heart failure, asthma, depression, arthritis)

Links to Resources

- Information links to support additional education

Example:

Appendix B: Additional Resources

Section One:

PFAC Implementation:

Assessing a Practice's readiness:

- Leadership Self Reflection Questions
https://www.pcpcc.org/sites/default/files/resources/Patient-Centered Leadership Self Reflection Quiz_0.pdf
- AHRQ Readiness to Partner with Patient and Family Advisors
https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1_Tool_14_HO_508.docx
- IPFCC Checklist for Attitudes About Patients and Families as Advisors
http://www.ipfcc.org/resources/Checklist_for_Attitudes.pdf
- IPFCC Patient and Family Advisor Guide to Partnering with Your Clinic
<https://www.pcpcc.org/sites/default/files/resources/Patient and Family Advisor Guide.pdf>
- PCPCC Patient and Family Partner Roles
<https://www.pcpcc.org/resource/patient-and-family-partners-roles>

Sustaining the Partnership:

- AHRQ Handout on Working with Patient and Family Advisors on Short Term Projects
https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1_Tool_13_ShortTerm_HO_508.docx

Glossary

- Defines commonly used health care terms

Example:

Health Care Glossary

*Glossary terms are an excerpt of and adapted from CMS and the National Partnership for Women & Families, *Key Steps for Creating Patient and Family Advisory Councils in CPC Practices*, 2013. Permission for use was granted by Christine Broderick at the National Partnership for Women and Families. Available at: innovation.cms.gov/Files/x/cpci-patientfamengresource.pdf.

Ambulatory Care

- Is medical care that does not require an overnight stay in a hospital.
- This kind of care can be provided in the following places:
 - Doctors' offices,
 - Clinics,
 - Emergency departments,
 - Outpatient surgery centers, and
 - Hospitals (when care does not involve a patient staying overnight).

Benchmark (Benchmarking)

- Is a way for doctors to keep track of, and measure, how well they are doing at providing excellent care while keeping costs down.
- To do this, they gather information (data) over different periods of time. Then, they use this information to:
 - Measure how well they are doing from one period to the next.
 - Measure how well they are doing compared to other doctors.
 - Find out what treatments work best and use that information to provide even better care.

Health Care Acronyms

Example:

- Defines commonly used health care abbreviations in value based care delivery

Health Care Acronyms

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AHA	American Hospital Association
AMA	American Medical Association
AHRQ	Agency for Health Care Research and Quality
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CMS	Centers for Medicare and Medicaid Services
ED	Emergency Department (preferred to ER)
EHR	Electronic Health Record
HIPAA	Health Insurance Portability and Accountability Act
HITECH	Health Information Technology for Economic and Clinical Health Act
PCMH	Patient Centered Medical Home
PCP	Primary Care Physician/Provider
PFAC	Patient & Family Advisory Council
QI	Quality Improvement
SDM	Shared Decision Making

Next Steps

- Post the PFAC Guide on MHCC's website
- Outreach and education
 - Partner with MDPCP to support programmatic requirement to implement a PFAC
 - Work with the medical societies and payers to promote its use
 - Present on the *PFAC Guide* at various medical association symposiums



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Thank You!

Acknowledgements

Isabel Abarza
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Anne Arundel Medical Center

Steve Clayton
Harford Primary Care

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Children's Medical Practice

Susan Delean-Botkin
Familycare of Easton, LLC

Willarda Edwards, M.D.
Edwards and Stephens

Michael Ferraro
Johns Hopkins Community Physicians
Charles County

Mary Fugate
Pediatric Healthcare Associates, Inc.

Sandy Hudson
Anne Arundel Medical Center

Brenda Johnson
University of Maryland St. Joseph's Medical Center

Vijay Kannan, M.D.
Kannan and Associates PC

Niharika Khanna, M.D.
Maryland Learning Collaborative

Suzanne Kunhardt
Anticoagulation Services, University of Maryland, Upper Chesapeake Health

Diane Lane
Department of Veterans Affairs, Southern Prince George's County Community Based Outpatient Clinic

Bob Lanza
Peninsula Regional Medical Group

John Lease
Calvert Internal Medicine Group

Scott Lilly
Frederick Primary Care Associates

Patricia McGrady
Johns Hopkins Community Physicians

Leia Medlock M.D.
Shady Grove Women's Center

Tara Price
Stone Run Family Medicine

David Wang, M.D.
St. Agnes Hospital

Colleen Watson
Johns Hopkins Community Physicians, Heart Care, Chevy Chase

Joseph Weidner, M.D.
Stone Run Family Medicine

Dawn Williams
University of Maryland Capital Region Health Medical Group



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6. ACTION: Legislative Update
7. PRESENTATION: Patient and Family Advisory Council Guide for Ambulatory Practices
8. OVERVIEW OF UPCOMING ACTIVITIES
9. ADJOURNMENT



OVERVIEW OF UPCOMING ACTIVITIES

(Agenda Item #8)



ENJOY THE REST OF
YOUR DAY